### Commission on Dental Accreditation

**SITE VISITOR EVALUATION REPORT**

**Dental Hygiene Education**

Site Visitor Evaluation Report for the Evaluation of a

**Dental Hygiene Education Program**

**Commission on Dental Accreditation**

# 211 East Chicago Avenue

**Chicago, Illinois 60611**

**(312) 440-4653**

**<https://coda.ada.org/>**

**Effective July 1, 2022**

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Commission on Dental Accreditation

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## SITE VISITOR EVALUATION REPORT

**for the Evaluation of a**

**Dental Hygiene Education Program**

## Document Revision History

|  |  |  |
| --- | --- | --- |
| ***Date*** | ***Item*** | ***Action*** |
|  |  |  |
| *February 12, 2021* | *Accreditation Standards for Dental Hygiene Education Programs* | *Adopted* |
| *July 1, 2022* | *Accreditation Standards for Dental Hygiene Education Programs* | *Implemented* |
| *August 5, 2022* | *Revision to Standard 1-6 (Institutional Accreditation) Examples of Evidence* | *Adopted and Implemented* |
| *November 7, 2022* | *Revision to Standard 1-6 (Institutional Accreditation) Examples of Evidence* | *Adopted and Implemented* |

**SITE VISITOR’S INSTRUCTIONS**

The statements in this form are based on requirements contained in the Accreditation Standards for Dental Hygiene Education Programs. Please note that the numbering system utilized within this document corresponds with the numbering system utilized in the accreditation standards.

Please circle the appropriate answer. If you circle YES following a particular statement, it will be assumed that the program meets the minimum standards set forth in the Standards. No further comment is necessary. However, you may, at your option, wish to make a suggestion for program enhancement. Please be sure to include adequate background information to support the suggestion. Institutions are not required to respond formally to suggestions.

If you circle NO following a particular statement, your written report must provide as much information as possible regarding the nature and seriousness of the deficiency. A recommendation for addressing the deficiency must be included. Recommendations cannot be made unless noncompliance with the Standards can be substantiated. If no deficiencies are identified in a particular section, it will be assumed that, in your opinion, the area meets minimum standards as described in the Standards. Institutions are required to respond to recommendations.

To sum up: if you circle YES, you may or may not make a suggestion; if you circle NO, you must fully describe the deficiency and make a recommendation in your written report. Each recommendation must be cross-referenced with the appropriate MUST statement in this form. Please attach your written report to the back of this form.

In addition, please note that the three opening statements are related to Commission policies or directives. You are to review these areas during the site visit, include findings in the draft site visit report and note at the final conference.

If you have any questions during the site visit, you are encouraged to contact Commission on Dental Accreditation staff. Please call 312-440-2695.

\*\*DON’T FORGET! Immediately following the site visit, the site visit chair must return: 1) a copy of the program’s “Summary of Factual Information,” 2) your written report, and 3) this completed evaluation report form *ALL VIA EMAIL.*

#### Commission on Dental Accreditation

**Site Visitor Evaluation Report (SVER) Form**

**Dental Hygiene Education**

|  |  |
| --- | --- |
| Date of Visit:  |  |
|  |
| Institution name/address: |  |
|  |
|  |
| Name of Chief Executive Officer:  |  |
| Title:  |  |
|  |
| Names and Titles of otherpertinent administrators: |  |
|  |  |
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|  |  |
|  |  |
|  |  |
|  |
| Dental Hygiene Program Director:  |  |
|  |
| Site Visitor(s):  |  | Phone: |  |
|  |  | Phone: |  |
|  |  | Phone: |  |
|  |  | Phone: |  |
|  |
| Site Visit Chair: |  | Phone: |  |
|  |  |  |  |
| State Board Representative: |  | Phone: |  |
|  |  |  |  |
| Others(s):  |  | Phone: |  |

**SUMMARY OF FACTUAL INFORMATION**

**ON THE DENTAL HYGIENE PROGRAM**

The purpose of providing the following information is to give the reader of the completed self-study document a brief summary of critical factual information about the dental hygiene program.

|  |
| --- |
| Admissions |
| a. Number of classes admitted annually:  |  |  |
|  |
| b. Enrollment pattern (month and number): |  |  |
|  |  |
| c. Current total enrollment: | Maximum enrollment: |
|  | 1st year students |  | 1st year students |  |
|  | 2nd year students |  | 2nd year students |  |
|  | 3rd year students\* |  | 3rd year students\* |  |
|  | 4th year students\* |  | 4th year students\* |  |
|  (\*To be completed if applicable) |

|  |
| --- |
| Facilities |
| a. Identify program(s) that share dental hygiene facilities, e.g., dental assisting, dental laboratory technology, nursing: |
|  |
|  b. Number of treatment areas used for preclinical/clinical instruction: |  |
| c. Number of laboratory stations: |  |
| d. Number of radiography units: |  |

|  |
| --- |
| Program Faculty Numbers: |
| a. Dental hygienists- |
|  Full-time:  |  | Part-time: |  |
|  |  |
| b. Dentists- |
|  Full-time:  |  | Part-time: |  |
| Supervising: |  |  |
|  |  |
| c. Dental assistants- |
|  Full-time:  |  | Part-time: |  |
|  |  |
| d. Non-Program faculty- |
|  Full-time:  |  | Part-time: |  |

|  |
| --- |
| Curriculum |
| a. Name of term (semester, module, quarter): |  |
| b. Number of terms: |  |
| c. Number of weeks per term: |  |
| d. Total number of weeks: |  |
| e. Award granted at completion: |  |
| f. Total number of credits: |  |
| g. Total program hours: |  |
|  | lecture: |  | ; laboratory: |  | ; clinic: |  |

|  |
| --- |
| Setting/Curriculum Delivery |
| 1. Site(s) where dental hygiene instruction occurs:

Off-Campus (major and minor activity sites):On-Site: |
|  |
| b. Describe any curriculum delivered via distance education technologies and/or non-traditional methods (list on-line, hybrid, and blackboard courses): |
|  |

|  |
| --- |
| Financial Support |
| a. Total direct cost budgeted for current fiscal year: |
|  |

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| **Sites Where Educational Activity Occurs (Off-Campus Sites For Didactic and Clinical Activity):** List the names and addresses of the established off-campus sites, purposes of the site, amount of time each student is assigned to the site and indicate by checkmark if the team visited the site. **Please do not list sites used for community service and service learning, these are exempt from the policy.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Address | Owned by Institution(√) | Purpose (state the reason for site usage) | Duration (state the year and number of days a student visits the site) | Site Visited (√) and indicate if visited virtually |
|  |  |  |  |  |
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**PREVIOUS SITE VISIT RECOMMENDATIONS**

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| --- | --- | --- |
| **Recommendations noted in the last site visit report that are current Standards, have been remedied.**Please note, if the last site visit was conducted prior to the implementation of the revised Standards (January 1, 2009), some recommendations may no longer apply. Should further guidance be required, please contact Commission staff.If NO, please explain below, include the concern in the draft site visit report and note at the final conference.  | YES | NO |
|  |  |
|  |  |

**COMPLIANCE WITH COMMISSION POLICIES**

**PROGRAM CHANGE**

**1. The program has reported to the Commission all changes which have**

 **occurred within the program since the program’s previous site visit.** **YES NO**

Depending on the specific program change, reports **must** be submitted to the Commission by **May 1 or November 1** or at least thirty (30) days prior to a regularly scheduled semi-annual Review Committee meeting. The Commission recognizes that unexpected changes may occur. Unexpected changes may be the result of sudden changes in institutional commitment, affiliated agreements between institutions, faculty support, or facility compromise resulting from natural disaster. Failure to proactively plan for change will not be considered unexpected change. Depending upon the timing and nature of the change, appropriate investigative procedures including a site visit may be warranted.

Other types of Program Changes are enrollment increase and the addition of off-campus sites.

For enrollment increases, the program must adhere to the Policy on Enrollment Increases in Advanced Dental Education.

For the addition of off-campus sites, the program must adhere to the Policy on Reporting and Approval of Sites Where Educational Activity Occurs.

For the full policy statements on enrollment increase and off-campus sites, see the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**THIRD PARTY COMMENTS**

|  |  |  |
| --- | --- | --- |
| **2.** | **The program is complying with the Commission’s policy on “Third Party Comments.”** |  |
| **YES** | **NO** |

The program is responsible for soliciting third-party comments from communities of interest such as students and patients that pertain to the standards or policies and procedures used in the Commission’s accreditation process. An announcement for soliciting third-party comments is to be published at least 90 days prior to the site visit. The notice should indicate that third-party comments are due in the Commission’s office no later than 60 days prior to the site visit. The policy on Third Party Comments can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

If **NO**, please explain below, include the concern in the draft site visit report and note at the final conference.

**COMPLAINTS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **3.** | **The program is complying with the Commission’s policy on “Complaints.”** |  | **YES** | **NO** |

The program is responsible for developing and implementing a procedure demonstrating that students are notified, at least annually, of the opportunity and the procedures to file complaints with the Commission. Additionally, the program must maintain a record of student complaints received since the Commission’s last comprehensive review of the program. The policy on Complaints can be found in the Commission’s “Evaluation and Operational Policies and Procedures”(EOPP) manual.

If **NO**, please answer a. and b. below and explain. In addition, please include the concern in the draft site visit report and note at the final conference.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a.** | **Residents notified of the Commission’s address** |  | **YES** | **NO** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **b.** | **Record of resident complaints maintained** |  | **YES** | **NO** |

**Additional Requirements for compliance with the policy on “Complaints”:**

**Following review of the program’s complaint records, there are no patterns or**

**themes related to the program’s compliance with the Accreditation Standards?**

 **YES NO**

***(Answer YES if this statement is true.)***

|  |
| --- |
| If **NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review. |

If applicable: Following review of “anonymous” complaints filed against the program, it has been determined that the program is in compliance with the Accreditation Standards. **YES NO N/A**

***(Answer YES if this statement is true. Answer NA if there were no***

***anonymous complaints reviewed during the site visit.)***

**If NO,** describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**DISTANCE EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **The program is complying with the Commission’s “Policy on Distance Education”** | **YES** | **NO** | **N/A** |

Programs that offer distance education must ensure regular and substantive interaction between a student/resident/fellow and an instructor or instructors prior to the student’s/residents’s/fellow’s completion of a course or competency. For purposes of this definition, substantive interaction is engaging students/residents/fellows in teaching, learning, and assessment, consistent with the content under discussion, and also includes at least two of the following:

* Providing direct instruction;
* Assessing or providing feedback on a student’s/residents’s/fellow’s coursework;
* Providing information or responding to questions about the content of a course or competency;
* Facilitating a group discussion regarding the content of a course or competency; or
* Other instructional activities approved by the institution’s or program’s accrediting agency.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The program provides the opportunity for substantive interactions with the student/resident/fellow on a predictable and scheduled basis commensurate with the length of time and the amount of content in the course or competency.  | **YES** | **NO** |
| b. | The program monitors the student’s/residents’s/fellow’s academic engagement and success and ensures that an instructor is responsible for promptly and proactively engaging in substantive interaction with the student/resident/fellow when needed on the basis of such monitoring, or upon request by the student/resident/fellow. | **YES** | **NO** |

Programs that offer distance education must also have processes in place through which the program establishes that the student/resident/fellow who registers in a distance education course or program is the same student/resident/fellow who participates in and completes the course or program and receives the academic credit. In addition, programs must notify students/residents/fellows of any projected additional charges associated with the verification of student/resident/fellow identity at the time of registration or enrollment. The entire policy on Distance Education can be found in the Commission’s “Evaluation and Operational Policies and Procedures” (EOPP) manual.

Please answer the statements below. If **NO**, please explain and include the concern in the draft site visit report and note at the final conference. If the program does not utilize distance education methods, **skip** the remaining items related to Distance Education.

|  |  |  |  |
| --- | --- | --- | --- |
| a. | The identity of each resident who registers for the course is verified as the one who participates in, completes, and receives academic credit for the course. | **YES** | **NO** |
| b. | The verification process used includes methods such as secure login and passcode, proctored examinations, and/or other technologies effective in verifying resident identity. | **YES** | **NO** |
| c. | Program provides a written statement to make it clear that the verification processes used are to protect resident privacy. | **YES** | **NO** |
| d. | Residents are notified of additional charges associated with the resident identity verification at the time of registration or enrollment. | **YES**  | **NO** |

**Additional Requirements for compliance with the policy on “Distance Education”:**

If the program is utilizing distance education, the program’s distance education method(s) (curriculum and modalities of transmission) adhere to the requirements of the accreditation standards?

 **YES NO**

**If NO**, describe the specific standards in question and identify any recommendations or suggestions that resulted from this review.

**PROGRAM EFFECTIVENESS**

**Program Performance with Respect to Student Achievement:**

|  |
| --- |
| 1. **Confirm that the institution/program is assessing student achievement and provide a detailed analysis of the program’s performance with respect to student achievement. Include a description of the assessment tools used by the program and a summary of data and conclusions.**
 |

|  |
| --- |
| 1. **Describe the positive and negative program outcomes related to the program’s student achievement measures. Describe program changes made in accordance with outcomes data collected. Conversely, describe areas where program change has not been made in accordance with outcomes data collected.**
 |

|  |
| --- |
| **3. Identify specific standards where recommendations or suggestions are written related to student achievement. Please see page 12 of the SVER to list any recommendations that pertain to program effectiveness.** |

**Complete the Narrative Below:**

**Standard 1. Institutional Effectiveness**

The program has/has not documented its effectiveness using a formal and ongoing outcomes assessment process to include measures of dental hygiene education student achievement. Based on a review of the program’s outcomes assessment process and student achievement measures, the visiting committee found the program uses assessment measures to include: [insert assessment measures used]. The program has demonstrated positive programmatic student achievement outcomes through [include positive outcomes measures]. The program has not demonstrated positive student achievement outcomes in [insert negative outcome areas]. The visiting committee noted the program recently made enhancements to [insert examples where program change made based on OA process] based on the student achievement data collected and analyzed in the outcomes assessment plan. *(Or conversely, the visiting committee did not identify areas within the program where student/resident achievement data has been utilized to affect change.)* ***Following this paragraph, if a recommendation or suggestion is warranted, add additional content.***

# SANDARD 1 - INSTITUTIONAL EFFECTIVENESS

|  |  |  |
| --- | --- | --- |
|  | **Planning and Assessment** |  |
| **1-1** | **The program demonstrates its effectiveness using a formal and ongoing planning and assessment process that is systematically documented by:** |  |
|  | 1. **developing a plan addressing teaching, patient care, research and service;**
 | **YES NO** |
|  | 1. **an ongoing plan consistent with the goals of the sponsoring institution and the goals of the dental hygiene program;**
 | **YES NO** |
|  | 1. **implementing the plan to measure program outcomes in an ongoing and systematic process;**
 | **YES NO** |
|  | 1. **assessing and analyzing the outcomes, including measures of student achievement;**
 | **YES NO** |
|  | 1. **use of the outcomes assessment results for annual program improvement and reevaluation of program goals.**
 | **YES NO** |
|  | **Intent:***Assessment, planning, implementation and evaluation of the educational quality of a dental hygiene education program (inclusive of distance education modalities/programs), that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students in an accountable and cost effective manner. The Commission on Dental Accreditation expects each program to define its own goals for preparing individuals in the discipline and that one of the program goals is to comprehensively prepare competent individuals in the discipline.* |  |
|  |  |  |
|  |  |  |
| **1-2** | **The program has a stated commitment to a humanistic culture and learning environment that is regularly evaluated.**  | **YES NO** |
|  | **Intent:** *The program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.*  |  |
|  |  |  |
|  | **Financial Support** |  |
| **1-3** | **The institution has a strategic plan which identifies stable financial resources sufficient to support the program's stated mission, goals and objectives.**  | **YES NO** |
|  | **A financial statement document has been submitted providing revenue and expense data for the dental hygiene program.** | **YES NO** |
|  | **Intent:***The institution should have the financial resources required to develop and sustain the program on a continuing basis*. *The program should employ sufficient faculty, purchase and maintain equipment, procure supplies, reference material and teaching aids as reflected in annual budget appropriations. Financial allocations should ensure that the program will be in a competitive position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes, including technological advances, necessary to reflect current concepts of education in the discipline. The Commission will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.* |  |
| **1-4** | **The sponsoring institution ensures that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.** | **YES NO** |
|  |  |  |
| **1-5** | **The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests within the sponsoring institution.** | **YES NO** |
|  |  |  |
|  | **Institutional Accreditation** |  |
| **1-6** | The program is sponsored by an institution of higher education that is accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency) recognized by the United States Department of Education for offering college level programs.\* Agencies whose mission includes the accreditation of institutions offering allied health education programs. | **YES NO** |
|  | **Intent:***Dental schools, four-year colleges and universities, community colleges, technical institutes, vocational schools, and private schools, which offer appropriate fiscal, facility, faculty and curriculum resources are considered appropriate settings for the program. The institution should offer appropriate fiscal, facility, faculty and curriculum resources to sponsor the dental hygiene educational program.* |  |
|  |  |  |
| **1-7** | **All arrangements with co-sponsoring or affiliated institutions are formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.** **Intent:***The purpose of a formalized written agreement is to protect the dental hygiene program, faculty, and students regarding the roles and responsibilities of the institution(s) that sponsor the dental hygiene program.* | **YES NO** |
|  |  |  |
|  | **Community Resources** |  |
| **1-8** | **There is an active liaison mechanism between the program and the dental and allied dental professions in the community.**  | **YES NO** |
|  | **The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters rests with the educational institution.** | **YES NO** |
|  | **Intent:** *The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non‑voting members to receive advice and assistance*. |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

|  |
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**STANDARD 2 - EDUCATIONAL PROGRAM**

|  |  |  |
| --- | --- | --- |
|  | **Instruction** |  |
| **2-1** | **The curriculum includes at least two academic years of full-time instruction or its equivalent at the postsecondary college-level.**  | **YES NO** |
|  | **The scope and depth of the curriculum reflects the objectives and philosophy of higher education.**  | **YES NO** |
|  | **The college catalog lists degree awarded, and course titles and descriptions.** | **YES NO** |
|  | **In a two‑year college setting, the graduates of the program are awarded an associate degree.** | **YES NO****NA** |
|  | **In a four‑year college or university, graduates of the program are awarded an associate or comparable degree, post degree certificate, or baccalaureate degree.**  | **YES NO****NA** |
|  | **Intent:** *The dental hygiene curriculum is comprehensive in scope and depth and requires a minimum of two years of academic preparation. The curriculum should include additional coursework and experiences, as appropriate, to develop competent oral health care providers who can deliver optimal patient care within a variety of practice settings and meet the needs of the evolving healthcare environment.**In a four-year college setting that awards a certificate, admissions criteria should* *require a minimum of an associate degree. Institutions should provide students with opportunities to continue their formal education* *through affiliations with institutions of higher education that* *allow for transfer of course work. Affiliations should include safeguards to maximize* *credit transfer with minimal loss of time and/or duplication of learning experiences.**General education, social science and biomedical science courses included in associate degree dental hygiene curricula should parallel those offered in four-year colleges and universities. In baccalaureate degree curricula, attention is given to requirements for admission to graduate programs to establish a balance between professional and nonprofessional credit allocations.* |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **2-2** | **A process has been established to assure students meet the academic, professional and/or clinical criteria as published and distributed.**  | **YES NO** |
|  | **Academic standards and institutional due process policies are followed for remediation or dismissal.**  | **YES NO** |
|  | **A college document includes institutional due process policies and procedures.** | **YES NO** |
|  | **Intent:** *If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.* |  |
|  |  |  |
|  | **Admissions** |  |
| **2-3** | **Admission of students is based on specific written criteria, procedures and policies.**  | **YES NO** |
|  | **Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability are utilized as criteria in selecting students who have the potential for successfully completing the program.**  | **YES NO** |
|  | **Applicants are informed of the program’s:**  |  |
|  | **criteria and procedures for selection,**  | **YES NO** |
|  | **goals of the program,**  | **YES NO** |
|  | **curricular content,**  | **YES NO** |
|  | **course transferability,**  | **YES NO** |
|  | **scope of practice of dental hygienists, and**  | **YES NO** |
|  | **employment opportunities for dental hygienists.** | **YES NO** |
|  | **Intent:** *The dental hygiene education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.* |  |
| **2-4** | **Admission of students with advanced standing is based on the same standards of achievement required by students regularly enrolled in the program.** | **YES NO****NA** |
|  | **Students with advanced standing will receive an appropriate curriculum that results in the same standards of competence required by students regularly enrolled in the program.** | **YES NO****NA** |
|  | **Intent:** *Advanced standing refers to applicants that may be considered for admission to a training program whose curriculum has been modified after taking into account the applicant’s past experience. Examples include transfer from a similar program at another institution, completion of training at a non-CODA accredited program, or documented practice experience in the given discipline. Acceptance of advanced standing students/residents will not result in an increase of the program’s approved number of enrollees. Applicants for advanced standing are expected to fulfill all of the admission requirements mandated for students/residents in the conventional program and be held to the same academic standards. Advanced standing students/residents, to be certified for completion, are expected to demonstrate the same standards of competence as those in the conventional program.*  |  |
| **2-5** | **The number of students enrolled in the program is proportionate to the resources available.** | **YES NO** |
|  | **Intent:***In determining the number of dental hygiene students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program’s resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.* |  |
|  |  |  |
| **2-6** | **The dental hygiene program defines and lists the overall graduation competencies that describe the levels of knowledge, skills and values expected of graduates.**  | **YES NO** |
|  | **The dental hygiene program employs student evaluation methods that measure all defined graduation competencies.**  | **YES NO** |
|  | **The dental hygiene program documents and communicates these competencies and evaluation methods to the enrolled students.** | **YES NO** |

|  |  |  |
| --- | --- | --- |
|  | **Intent:***The educational competencies for the dental hygiene education program should include the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental hygiene. The evaluation methods used in the dental hygiene program should include process and end-product assessments of student performance, as well as a variety of objective testing measures. These mechanisms will provide student performance data related to measuring defined program competencies throughout the program for the students, faculty and college administration.* |  |
|  |  |  |
| **2-7** | **Course syllabi for dental hygiene courses are available at the initiation of each course and include:**  |  |
|  | 1. **written course descriptions**
 | **YES NO** |
|  | 1. **content and topic outlines**
 | **YES NO** |
|  | 1. **specific instructional objectives**
 | **YES NO** |
|  | 1. **learning experiences**
 | **YES NO** |
|  | 1. **evaluation methods**
 | **YES NO** |
|  | **Intent:***The program should identify the dental hygiene fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental hygiene practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.* |  |
| **2-8** | **The curriculum includes content in the following four areas:**  |  |
|  | 1. **general education**
 | **YES NO** |
|  | 1. **biomedical sciences**
 | **YES NO** |
|  | 1. **dental sciences**
 | **YES NO** |
|  | 1. **dental hygiene science**
 | **YES NO** |
|  | **This content is integrated and of sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined** **competencies.** | **YES NO** |
|  | **Intent:***Foundational knowledge should be established early in the dental hygiene program and of appropriate scope and depth to prepare the student to achieve competence in all components of dental hygiene practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.**Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be equivalent to those offered in four-year colleges and universities.* |  |
| **2-8a** | **General education content includes:** |  |
|  | 1. **oral communications**
 | **YES NO** |
|  | 1. **written communications**
 | **YES NO** |
|  | 1. **psychology**
 | **YES NO** |
|  | 1. **sociology**
 | **YES NO** |
|  | **Intent:***These subjects provide foundational knowledge for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.* |  |
| **2-8b** | **Biomedical science content includes:** |  |
|  | 1. **anatomy**
 | **YES NO** |
|  | 1. **physiology**
 | **YES NO** |
|  | 1. **chemistry**
 | **YES NO** |
|  | 1. **biochemistry**
 | **YES NO** |
|  | 1. **microbiology**
 | **YES NO** |
|  | 1. **immunology**
 | **YES NO** |
|  | 1. **general and maxillofacial pathology and/or pathophysiology**
 | **YES NO** |
|  | 1. **nutrition**
 | **YES NO** |
|  | 1. **pharmacology**
 | **YES NO** |
|  | **Intent:***These subjects provide foundational knowledge for dental and dental hygiene sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health.**Biomedical science instruction in dental hygiene education ensures an understanding of basic biological principles consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.**Dental hygienists need to understand abnormal conditions to recognize the parameters of comprehensive dental hygiene care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental hygiene interventions.* |  |
| **2-8c** | **Dental sciences content includes:** |  |
|  | 1. **tooth morphology**
 | **YES NO** |
|  | 1. **head, neck and oral anatomy**
 | **YES NO** |
|  | 1. **oral embryology and histology**
 | **YES NO** |
|  | 1. **oral pathology**
 | **YES NO** |
|  | 1. **radiography**
 | **YES NO** |
|  | 1. **periodontology**
 | **YES NO** |
|  | 1. **pain management**
 | **YES NO** |
|  | 1. **dental materials**
 | **YES NO** |
|  | **Intent:***These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for assessing, planning and implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.* |  |
|  |  |  |
| **2-8d** | **Dental hygiene science content includes:** |  |
|  | 1. **oral health education and preventive counseling**
 | **YES NO** |
|  | 1. **health promotion**
 | **YES NO** |
|  | 1. **patient management**
 | **YES NO** |
|  | 1. **clinical dental hygiene**
 | **YES NO** |
|  | 1. **provision of services for and management of patients with special needs**
 | **YES NO** |
|  | 1. **community dental/oral health**
 | **YES NO** |
|  | 1. **medical and dental emergencies**
 | **YES NO** |
|  | 1. **legal and ethical aspects of dental hygiene practice**
 | **YES NO** |
|  | 1. **infection and hazard control management**
 | **YES NO** |
|  | 1. **the provision of oral health care services to patients with bloodborne infectious diseases**
 | **YES NO** |
|  | **Intent:***Dental hygiene sciences provide the knowledge base for dental hygiene and prepares the student to assess, plan, implement and evaluate dental hygiene services as an integral member of the health team*. *Content in provision of oral health care services to patients with bloodborne infectious diseases prepares the student to assess patients’ needs and plan, implement and evaluate appropriate treatment.* |  |

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| **2-9** | **The basic clinical education aspect of the curriculum includes a formal course sequence in scientific principles of dental hygiene practice, which extends throughout the curriculum and is coordinated and integrated with clinical experience in providing dental hygiene services.** | **YES NO** |
|  | **Intent:***Learning experiences and practice time in clinical procedures is necessary to assure sufficient opportunity to develop competence in all clinical procedures included in the curriculum. Didactic material on clinical dental hygiene should be presented throughout the curriculum.*  |  |
|  |  |  |
| **2-10** | **Clinical experiences are distributed throughout the curriculum.**  | **YES NO** |
|  | **The number of hours of preclinical practice and direct patient care ensures that students attain clinical competence and develop appropriate judgment.** | **YES NO** |
|  | **Intent:** *Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence. The number of hours devoted to clinical practice time should increase as the students progress toward the attainment of clinical competence.**The preclinical course should have at least six hours of clinical practice per week. As the first-year students begin providing dental hygiene services for patients, each student should be scheduled for at least eight to twelve hours of direct patient care per week. In the final prelicensure year of the curriculum, each student should be scheduled for at least twelve to sixteen hours of direct patient care per week in the dental hygiene clinic.* |  |
|  |  |  |
|  | **Patient Care Competencies** |  |
| **2-11** | **The dental hygiene program has established mechanisms to ensure a sufficient number of patient experiences that afford all students the opportunity to achieve stated competencies.** | **YES NO** |
|  | **Intent:***A system should be developed and implemented to categorize patients according to difficulty level and oral health/disease status. This system should be used to monitor students' patient care experiences to ensure equal opportunities for each enrolled student. Patient assignments should include maintenance appointments to monitor and evaluate the outcome of dental hygiene care. A system should be in place to monitor student patient care experiences at all program sites.* |  |
|  |  |  |
| **2-12** | **Graduates are competent in providing dental hygiene care for all patient populations including:** |  |
|  | 1. **child**
 | **YES NO** |
|  | 1. **adolescent**
 | **YES NO** |
|  | 1. **adult**
 | **YES NO** |
|  | 1. **geriatric**
 | **YES NO** |
|  | 1. **special needs**
 | **YES NO** |
|  | **Intent:***An appropriate patient pool should be available to provide a wide scope of patient experiences that include patients whose medical, physical, psychological, developmental, intellectual or social conditions may make it necessary to modify procedures in order to provide dental hygiene treatment for that individual. Student experiences should be evaluated for competency and monitored to ensure equal opportunities for each enrolled student.* *Clinical instruction and experiences should include the dental hygiene process of care compatible with each of these patient populations.* |  |
| **2-13** | **Graduates are competent in providing the dental hygiene process of care which includes:** |  |
|  | 1. **comprehensive collection of patient data to identify the physical and oral health status;**
 | **YES NO** |
|  | 1. **analysis of assessment findings and use of critical thinking in order to address the patient’s dental hygiene treatment needs;**
 | **YES NO** |
|  | 1. **establishment of a dental hygiene care plan that reflects the realistic goals and treatment strategies to facilitate optimal oral health;**
 | **YES NO** |
|  | 1. **provision of comprehensive patient-centered treatment and evidence-based care in a manner minimizing risk and optimizing oral health;**
 | **YES NO** |
|  | 1. **measurement of the extent to which goals identified in the dental hygiene care plan are achieved;**
 | **YES NO** |
|  | 1. **complete and accurate recording of all documentation relevant to patient care.**
 | **YES NO** |
|  | **Intent:** *The dental hygienist functions as a member of the dental team and plays a significant role in the delivery of comprehensive patient health care. The dental hygiene process of care is an integral component of total patient care and preventive strategies. The dental hygiene process of care is recognized as part of the overall treatment plan developed by the dentist for complete dental care.*  |  |
|  |  |  |
| **2-14** | **Graduates are competent in providing dental hygiene care for all types of classifications of periodontal diseases including patients who exhibit moderate to severe periodontal disease.** | **YES NO** |
|  | **Intent:** *The total number and type of patients for whom each student provides dental hygiene care should be sufficient to ensure competency in all components of dental hygiene practice. A patient pool should be available to provide patient experiences in all classifications of periodontal patients, including both maintenance and those newly diagnosed. These experiences should be monitored to ensure equal opportunity for each enrolled student.* |  |
|  |  |  |
| **2-15** | **Graduates are competent in interprofessional communication, collaboration and interaction with other members of the health care team to support comprehensive patient care.** | **YES NO** |
|  | **Intent:***Students should understand the roles of members of the health-care team and have interprofessional educational experiences that involve working with other health-care professional students and practitioners. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental Hygienists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).*  |  |
|  |  |  |
| **2-16** | **Graduates demonstrate competence in:**  |  |
|  | **a) assessing the oral health needs of community-based programs**  | **YES NO** |
|  | **b) planning an oral health program to include health promotion and disease prevention activities**  | **YES NO** |
|  | **c) implementing the planned program, and,**  | **YES NO** |
|  | **d) evaluating the effectiveness of the implemented program.** | **YES NO** |

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|  | **Intent:***Population based activities will allow students to apply community dental health principles to prevent disease and promote health.* |  |
|  |  |  |
| **2-17** | **Graduates are competent in providing appropriate support measures for medical emergencies that may be encountered in dental hygiene practice.**  | **YES NO** |
|  | **Intent:***Dental hygienists should be able to provide appropriate support for medical or dental emergencies as providers of direct patient care.* |  |
| **2-18** | **Where graduates of a CODA accredited dental hygiene program are authorized to perform additional functions defined by the program’s state-specific dental board or regulatory agency, required for initial dental hygiene licensure, and the program has chosen to include those functions in the program curriculum, the program includes content at the level, depth, and scope required by the state.**  | **YES NO** |
|  | **Students are informed of the duties for which they are educated within the program.** | **YES NO** |
|  | **Intent:** *To ensure functions allowed by the state dental board or regulatory agency for dental hygienists are taught and evaluated at the depth and scope required by the state.*  |  |
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|  |  |  |
|  | **Ethics and Professionalism** |  |
| **2-19** | **Graduates are competent in the application of the principles of ethical reasoning, ethical decision making and professional responsibility as they pertain to the academic environment, research, patient care and practice management.** | **YES NO** |
|  | **Intent:***Dental hygienists should understand and practice ethical behavior consistent with the professional code of ethics throughout their educational experiences.* |  |
|  |  |  |
| **2-20** | **Graduates are competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.** | **YES NO** |
|  | **Intent:***Dental hygienists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.* |  |
|  |  |  |
|  |  **Critical Thinking** |  |
| **2-21** | **Graduates are competent in the application of self-assessment skills to prepare them for life-long learning.** | **YES NO** |
|  | **Intent:***Dental hygienists should possess self-assessment skills as a foundation for maintaining competency and quality assurance.* |  |
|  |  |  |
| **2-22** | **Graduates are competent in the evaluation of current scientific literature.** | **YES NO** |
|  | **Intent:***Dental hygienists should be able to evaluate scientific literature as a basis for life-long learning, evidenced-based practice and as a foundation for adapting to changes in healthcare.*  |  |
|  |  |  |
| **2-23** | **Graduates are competent in problem solving strategies related to comprehensive patient care and management of patients.** | **YES NO** |
|  | **Intent:***Critical thinking and decision making skills are necessary to provide effective and efficient dental hygiene services. Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.* |  |
|  |  |  |
|  | **Curriculum Management** |  |
| **2-24** | **The dental hygiene program has a formal, written curriculum management plan, which includes:** |  |
|  | 1. **an annual formal curriculum review and evaluation process with input from faculty, students, administration and other appropriate sources;**
 | **YES NO** |
|  | 1. **evaluation of the effectiveness of all courses as they support the program’s goal and competencies;**
 | **YES NO** |
|  | 1. **a defined mechanism for coordinating instruction among dental hygiene program faculty.**
 | **YES NO** |
|  | **Intent:***To assure the incorporation of emerging information and achievement of appropriate sequencing, the elimination of unwarranted repetition, and the attainment of student competence, a formal curriculum review process should be conducted on at least an annual basis. Periodic workshops and in-service sessions should be held for the dissemination of curriculum information and modifications.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 3 - ADMINISTRATION, FACULTY AND STAFF**

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| --- | --- | --- |
| **3-1** | **The program is a recognized entity within the institution’s administrative structure which supports the attainment of program goals.** | **YES NO** |
|  | **Intent:***The position of the program in the institution’s administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.* |  |
|  |  |  |
|  | **Program Administrator** |  |
| **3-2** | **The dental hygiene program administrator has a full-time appointment as defined by the institution, whose primary responsibility is for operation, supervision, evaluation and revision of the program.** | **YES NO** |
|  | **Intent:***To allow sufficient time to fulfill administrative responsibilities, program administrative hours should represent the majority of hours, and teaching contact hours should be limited.*  |  |
| **3-3** | **The program administrator is a dental hygienist or a dentist who is a graduate of a program accredited by the Commission on Dental Accreditation and possesses a masters or higher degree, who has background in education and the professional experience necessary to understand and fulfill the program goals.**  | **YES NO** |
|  | **A dentist who was appointed as program administrator prior to July 1, 2022 is exempt from the graduation requirement.** |  |
|  | **Intent:***The program administrator’s background should include administrative experience, instructional experience, and professional experience in clinical practice either as a dental hygienist or working with a dental hygienist.* |  |
| **3-4** | **The program administrator has the authority and responsibility necessary to fulfill program goals including:** |  |
|  | 1. **curriculum development, evaluation and revision**
 | **YES NO** |
|  | 1. **faculty recruitment, assignments, supervision**
 | **YES NO** |
|  | 1. **input into faculty evaluation**
 | **YES NO** |
|  | 1. **initiation of program or department in-service and faculty development**
 | **YES NO** |
|  | 1. **assessing, planning and operating program facilities**
 | **YES NO** |
|  | 1. **input into budget preparation and fiscal administration**
 | **YES NO** |
|  | 1. **coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria**
 | **YES NO** |
|  |  |  |
|  | **Faculty** |  |
| **3-5** | **The faculty to student ratios is sufficient to ensure the development of competence and ensure the health and safety of the public.**  | **YES NO** |
|  | 1. **In preclinical and clinical sessions, the ratio does not exceed one (1) faculty to five (5) students.**
 | **YES NO** |
|  | 1. **In radiography laboratory sessions, the ratio does not exceed one (1) faculty to five (5) students.**
 | **YES NO** |
|  | 1. **In other dental sciences laboratory sessions, the ratio does not exceed one (1) faculty to 10 students.**
 | **YES NO** |
|  | **Intent:***The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental hygiene care and for the instruction and evaluation of students during their performance of those services.* |  |
| **3-6** | **Full-time faculty and part-time faculty of a dental hygiene program possesses a baccalaureate or higher degree.** | **YES NO** |
|  | **All part-time clinical and dental science laboratory faculty appointed prior to July 1, 2022 are exempt from the degree requirement.**  |  |
|  | **All dental hygiene program faculty members have:**  |  |
|  | **a) current knowledge of the specific subjects they are teaching.**  | **YES NO** |
|  | **b) documented background in current educational methodology concepts consistent with teaching assignments.**  | **YES NO** |
|  | **c) faculty who are dental hygienists or dentists are graduates of programs accredited by the Commission on Dental Accreditation. A dentist who was appointed as a faculty prior to July 1, 2022 is exempt from the graduation requirement.**  | **YES NO** |
|  | **d) evidence of faculty calibration for clinical evaluation.** | **YES NO** |
|  | **Intent:***Faculty should have background in current education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. These criteria apply to dentists and dental hygienists who supervise students’ clinical procedures should have qualifications which comply with the state dental or dental hygiene practice act. Individuals who teach and supervise dental hygiene students in clinical enrichment experiences should have qualifications comparable to faculty who teach in the dental hygiene clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.* |  |
| **3-7** | **Opportunities are provided for the program administrator and full time faculty to continue their professional development.** | **YES NO** |
|  | **Intent:***To assure competency in the discipline and educational theory, opportunities to attend professional development activities should be provided regularly for the program administrator and full-time faculty. Workshops should be offered to new faculty to provide an orientation to program policies, goals, objectives and student evaluation*. *This can be demonstrated through activities such as professional association involvement, research, publishing and clinical/practice experience.* |  |
|  |  |  |
| **3-8** | **A defined faculty evaluation process exists that ensures objective measurement of the performance of each faculty member.** | **YES NO** |
|  | **Intent:***An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.* |  |
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| **3-9** | **Opportunities for promotion, tenure, and development are the same for dental hygiene faculty as for other institutional faculty.** | **YES NO** |
|  | **Intent:***The dental hygiene program faculty should be granted privileges and responsibilities as afforded all other institutional faculty.* |  |
|  |  |  |
|  | **Support Staff** |  |
| **3-10** | **Qualified institutional support personnel is assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.** | **YES NO** |
|  | **Intent:***Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.* |  |
|  |  |  |
| **3-11** | **Student assignments to clerical and dental assisting responsibilities during clinic sessions are minimal and not used to compensate for limitations of the clinical capacity or to replace clerical or clinical staff.**  | **YES NO****NA** |
|  | **Intent:***Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 4 - EDUCATIONAL SUPPORT SERVICES**

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|  | **Facilities** |  |
| **4-1** | **The program provides sufficient and appropriately maintained facilities to support the academic and clinical purposes of the program that conform to applicable local, state and federal regulations.**  | **YES NO** |
|  |  |  |
|  | **Clinical Facilities** |  |
|  | **The dental hygiene facilities include the following:** |  |
|  | 1. **sufficient clinical facility with clinical stations for students including conveniently located areas for hand hygiene; equipment allowing display of radiographic images during dental hygiene treatment; a working space for the patient's record adjacent to units; functional equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;**
 | **YES NO** |
|  | 1. **a number of clinical stations based on the number of students admitted to a class (If the number of stations is less than the number of students in the class, one clinical station is available for every student scheduled for each clinical session.);**
 | **YES NO** |
|  | 1. **a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;**
 | **YES NO** |
|  | 1. **a sterilizing area that includes space for preparing, sterilizing and storing instruments;**
 | **YES NO** |
|  | 1. **sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;**
 | **YES NO** |
|  | 1. **facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;**
 | **YES NO** |
|  | 1. **space and furnishings for patient reception and waiting provided adjacent to the clinic;**
 | **YES NO** |
|  | 1. **patient records kept in an area assuring safety and confidentiality.**
 | **YES NO** |
|  | **Intent:***The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.* |  |
|  |  |  |
|  | **Radiography Facilities** |  |
| **4-2** | **Radiography facilities are sufficient for student practice and the development of clinical competence.****The radiography facilities contain the following:** | **YES NO** |
|  | 1. **an appropriate number of radiography exposure rooms which include: equipment for acquiring radiographic images; teaching manikin(s); and conveniently located areas for hand hygiene;**
 | **YES NO** |
|  | 1. **equipment for processing radiographic images;**
 | **YES NO** |
|  | 1. **equipment allowing display of radiographic images;**
 | **YES NO** |
|  | 1. **documentation of compliance with applicable local, state and federal regulations.**
 | **YES NO** |
|  | **Regardless of the number of machines provided it is demonstrated that time is available for all students to obtain required experience with faculty supervision and that acceptable faculty teaching loads are maintained.** | **YES NO** |
|  | **Intent:** *The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.* |  |
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|  | **Laboratory Facilities** |  |
| **4-3** | **A multipurpose laboratory facility is provided for effective instruction and allow for required laboratory activities.** | **YES NO** |
|  | **If the laboratory capacity requires that two or more sections be scheduled, time for all students to obtain required laboratory experience is provided.** | **YES NO****NA** |
|  | **Laboratory facilities conform to applicable local, state and federal regulations and contain the following:** | **YES NO** |
|  | 1. **placement and location of equipment that is conducive to efficient and safe utilization with ventilation and lighting appropriate to the procedures;**
 | **YES NO** |
|  | 1. **student work areas that are designed and equipped for students to work with necessary utilities and storage space;**
 | **YES NO** |
|  | 1. **documentation of compliance with applicable local, state and federal regulations.**
 | **YES NO** |
|  | **Intent:***The laboratory facilities should include student work areas with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive laboratory instruction.* |  |
|  |  |  |
|  | **Extended Campus Facilities** |  |
| **4-4** | **When the institution uses an additional facility for clinical education that includes program requirements then the following conditions are met in addition to all existing Standards:** |  |
|  | 1. **a formal contract between the educational institution and the facility;**
 | **YES NO****N/A** |
|  | 1. **a contingency plan developed by the institution should the contract be terminated;**
 | **YES NO****N/A** |
|  | 1. **a location and time available for use of the facility compatible with the instructional needs of the dental hygiene program;**
 | **YES NO****N/A** |
|  | 1. **the dental hygiene program administrator retains authority and responsibility for instruction and scheduling of student assignments;**
 | **YES NO****N/A** |
|  | 1. **clinical instruction is provided and evaluated by calibrated dental hygiene program faculty;**
 | **YES NO****N/A** |
|  | 1. **all dental hygiene students receive comparable instruction in the facility;**
 | **YES NO****N/A** |
|  | 1. **the policies and procedures of the facility are compatible with the goals of the educational program.**
 | **YES NO****N/A** |
|  | **Intent:** *The purpose of extended campus agreements is to ensure that sites that are used to provide clinical education will offer an appropriate educational experience. This standard does not apply to program sites used for enrichment experiences.* |  |
|  | **Classroom Space** |  |
| **4-5** | **Classroom space which is designed and equipped for effective instruction is provided for and readily accessible to the program.** | **YES NO** |
|  | **Intent:***The classroom facilities should include an appropriate number of student work areas with equipment and space for individual student performance in a safe environment.* |  |
|  |  |  |
|  | **Office Space** |  |
| **4-6** | **Office space which allows for privacy is provided for the program administrator and all faculty to enable the fulfillment of faculty assignments and ensure privacy for confidential matters.**  | **YES NO** |
|  | **Student and program records are stored to ensure confidentiality and safety.** | **YES NO** |
|  | **Intent:***Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities. Faculty that share offices should have access to available privacy space for confidential matters.* |  |
|  |  |  |
|  | **Learning Resources** |  |
| **4-7** | **Instructional aids and equipment are provided for student learning.**  | **YES NO** |
|  |  |  |
|  | **Institutional library holdings include or provide access to a diversified collection of current dental, dental hygiene and multidisciplinary literature and references necessary to support teaching, student learning needs, service, research and development.** | **YES NO** |
|  | **There is a mechanism for program faculty to periodically review and acquire and select current titles and instructional** **aids**. | **YES NO** |
|  | **Intent:***The acquisition of knowledge, skill and values for dental hygiene students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, will be assured access to learning resources.* |  |
|  |  |  |
|  | **Student Services** |  |
| **4-8** | **There are specific written due process policies and procedures for adjudication of academic and disciplinary complaints that parallel those established by the sponsoring institution.** | **YES NO** |
|  | **Intent:***All policies and procedures should protect the students as consumers and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect work accomplished and are maintained in a secure manner.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 5 - HEALTH AND SAFETY PROVISIONS**

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|  | **Infectious Disease/Radiation Management** |  |
| **5-1** | **The program documents its compliance with institutional policy and applicable regulations of local, state and federal agencies regarding infectious diseases and radiation management.** | **YES NO** |
|  | **A. Policies include, but are not limited to:** |  |
|  | 1. **Radiation hygiene and protection,**
 | **YES NO** |
|  | 1. **Use of ionizing radiation,**
 | **YES NO** |
|  | 1. **Hazardous materials, and**
 | **YES NO** |
|  | 1. **Bloodborne and infectious diseases**
 | **YES NO** |
|  | **B. Policies are provided to all students, faculty, and appropriate support staff, and continuously monitored for compliance.**  | **YES NO** |
|  |  |  |
|  | **C. Policies on bloodborne and infectious diseases are made available to applicants for admission and patients.** | **YES NO** |
|  | **Intent:***The dental hygiene program should establish and enforce a mechanism to ensure sufficient preclinical/clinical/laboratory asepsis, infection and biohazard control and disposal of hazardous waste.**Policies and procedures on the use of ionizing radiation should include criteria for patient selection, frequency of exposing and retaking radiographs on patients, consistent with current, accepted dental practice. All radiographic exposure should be integrated with clinical patient care procedures.* *Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff. The confidentiality of information pertaining to the health status of each individual should be strictly maintained.* *This Standard applies to all program sites where laboratory and clinical education is provided.* |  |

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| **5-2** | **Students, faculty and appropriate support staff are encouraged to be immunized against and/or tested for infectious diseases, such as mumps, measles, rubella, tuberculosis, varicella and hepatitis B prior to contact with patients and/or infectious objects or materials in an effort to minimize the risk to patients and dental personnel.**  | **YES NO** |
|  | **Intent:***All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.* |  |
|  |  |  |
|  | Emergency Management and Life Support Certification |  |
| **5-3** | **The program has established, enforces, and instructs students in preclinical/ clinical/laboratory protocols and mechanisms to ensure the management of common medical emergencies in the dental setting.** | **YES NO** |
|  | **These program protocols are provided to all students, faculty and appropriate staff.**  | **YES NO** |
|  | **Faculty, staff and students are prepared to assist with the management of emergencies.** | **YES NO** |
|  |  |  |
|  | **All students, clinical faculty and clinical support staff are continuously recognized/certified in basic life support procedures, including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED).** | **YES NO** |

 **Intent:**

*All individuals involved with patient care or have contact with patients should be trained in the recognition and management of medical emergencies and basic life support procedures.*

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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**STANDARD 6 - PATIENT CARE SERVICES**

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| **6-1** | **The program has policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs.** | **YES NO** |
|  | **Patients accepted for dental hygiene care are advised of the scope of dental hygiene care available at the dental hygiene facilities.** | **YES NO** |
|  | **Intent:***All dental hygiene patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care provided by the program. This Standard applies to all program sites where clinical education is provided.* |  |
| **6-2** | **The program has a formal written patient care quality assurance plan that allows for a continuous systematic review of patient care standards.****The quality assurance plan is applied at least annually and includes:** | **YES NO** |
|  | 1. **standards of care that are patient-centered, focused on comprehensive care, and written in a format that facilitates assessment with measurable criteria;**
 | **YES NO** |
|  | 1. **an ongoing audit of a representative sample of patient records to assess the appropriateness, necessity and quality of the care provided;**
 | **YES NO** |
|  | 1. **mechanisms to determine the cause of treatment deficiencies;**
 | **YES NO** |
|  | 1. **patient review policies, procedure, outcomes and corrective measures.**
 | **YES NO** |
|  | **Intent:***The program should have a system in place for continuous review of established standards of patient care. Findings should be used to modify outcomes and assessed in an on-going manner. This Standard applies to all program sites where clinical education is provided.* |  |
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| **6-3** | **The use of quantitative criteria for student advancement and graduation does not compromise the delivery of comprehensive dental hygiene patient care.** | **YES NO** |
|  | **Intent:***The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.* |  |
|  |  |  |
| **6-4** | **The program has developed and distributes a written statement of patients’ rights to all patients, appropriate students, faculty, and staff.** | **YES NO** |
|  | **Intent:**The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:1. *considerate, respectful and confidential treatment;*
2. *continuity and completion of treatment;*
3. *access to complete and current information about his/her condition;*
4. *advance knowledge of the cost of treatment;*
5. *informed consent;*
6. *explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;*
7. *treatment that meets the standard of care in the profession.*
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| **6-5** | **The program’s policies ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained.** | **YES NO** |
|  | **Intent:***The program should have a system in place to ensure patient confidentiality. All individuals who have access to patient information will ensure patient confidentiality.* |  |

**COMMENTS: RECOMMENDATIONS &/OR SUGGESTIONS**

Please use this area for writing recommendations &/or suggestions. If you are writing a suggestion please provide a rationale/narrative for each. *If you are making a recommendation, provide a detailed description of the deficiency identified for each NO indicated in the preceding section and a recommendation indicating that it should be corrected.* (Please type or write/print legibly. If you require additional sheet(s), you may attach them to the back of the SVER, with appropriate SVER reference number[s].)

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| **Faculty Qualifications Checklist****An aid to be used as needed** |
| **Name** | **Indicate Course Type(s) Didactic - D Lab - L Clinic - C** | **Degree Type** | **Currently Enrolled** | **Ed Meth** | **Background/****Experience** | **Current Subject Knowledge** | **CDA** | **RDH** | **CPR** |
| Ms. D. Educator | D, L, C | MS | x | x | x | x | x | n/a | x |
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| **Allied****An aid to be used as needed** |
| **Course Number and Name** | **Written Course Descriptions** | **Content Outlines, with Topics to be Presented** | **Specific Instructional Objectives** | **Learning Experiences** | **Evaluation Criteria and Procedures** | **Example of Exam, Quiz, and/or Rubric** | **All Skill Evaluations** |
|  DH 105 Dental Radiology I | x | x | x | x | x | x | x |
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**Before the Final Conference…**

**Have You:**

1. Indicated a response for EACH question?

2. Written a detailed rationale for each NO answer indicated?

3. Written a recommendation for each NO answer?

**Remember: Every NO indicated must be reported during the final conference.**

**After the Final Conference…**

**Be sure to return the completed Site Visitor Evaluation Report to Commission staff by email within 3-5 days after the site visit.**